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ORIGINAL DEPARTMENT.

COMMUNICATIONS.

ON BANDAGES.

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The art of bandaging, although fully appreciated by the American medical profession, has nevertheless not been brought to that perfection to which it has in France, England and Germany, where it is made a study special and apart, and where classes are held in which only bandaging is taught, by a surgeon who devotes his attention to that and nothing else, illustrating his theoretical instruction by oft-repeated practical applications, at the bedside, of each and every bandage known in the annals of surgery. It is our intention at present to consider a few of the more modern bandages, with reference, particularly, to their influence in preventing the development of bacteria on wound surfaces, to facilitating, further, a healthy granulation induced by antiseptic dressings.

The cotton bandage employed by A. Guerin, of Paris, for amputation stumps, and which consists of a very thick layer of cotton fastened by means of a roller bandage, has for its object to catch the septic germs floating in the atmospheric air, and, thus keeping them from the wound, to forestall the putrid decomposition of the secretions. The recent report of the commission "on the pathogenic significance of the ferment in surgical diseases,"* to the Académie des Sciences, does not deny that, after the application of A. Guerin's bandage, wound fever is not at all or only to a slight degree ob-

served; sleep and appetite remain undisturbed, pain is entirely or almost entirely absent, and on removing the dressings on the twentieth day, or later, the wound surfaces are found already granulating under a thick layer of odorless pus; finally, the danger of purulent infection is diminished. The report of M. Guerin, although very instructive and clear, does not, nevertheless, give an exact statistic of the results obtained. M. Gosselin, in testing this method of wound bandaging in eight amputations of the lower leg and thigh, obtained six cures. It is remarkable that, while the Academy endorse the report, they cannot agree with M. Guerin's theoretical views as to the manner in which the bandage works. In four out of six amputations, stumps dressed according to Guerin's method, after Gosselin and others removed the bandages, vibrios and bacteria were found. Gosselin is of opinion that Guerin did not examine the wound secretions with a microscope of sufficiently high power, and therefore did not detect the bacteria. Whether the bacteria were already there before the bandages were put on, or whether they had forced their way afterward between the bandages and the surface of the skin, Gosselin does not undertake to say; however, "the presence of such fermenting bodies, as long as the general health of the patient remains intact, does not cause the development of toxic products which bring about purulent infection."

"To the conditions which are capable of making these germs dangerous, belongs the change which tissues and liquids undergo when exposed to the air under the influence of a heavy traumatic inflammation."

* Schmidt's *Yahrbücher*, 1875, No. 10.

The beneficial working of this bandage is explained by the commission from the following properties: It favors by an equally spread pressure the quick resorption of blood from the surface of the wound, also of the first exudations that appear, which, in the same manner as the blood, incline to decomposition. As, further, the bandage hinders, by compressing the stump, the flow of blood, it produces an equally diffused warmth and immobilizes the limb, and the inflammatory symptoms are lessened. But, above all, in the opinion of the commission, the worth of the bandage lies herein, that it is only seldom changed. The principle of Magatus, established in the seventeenth century, of changing bandages but seldom, has been happily brought into practice by Guerin in his "occlusive" bandage.

Although recent experience seems to teach that better results are often obtained by this principle, as regards amputation stumps and large wounds, yet, when we have minor wound surfaces to dress, just the contrary is true, and we obtain a more speedy cure by changing the dressing daily, or even twice daily. M. Guerin, it will be observed, makes no mention of any fluid, paste or dressing whatever in describing his bandage, which leaves us, naturally, to suppose that dry cotton is applied; whether it has been disinfected and then dried for use, as Mr. Lister does, is not told; in this respect (a very important point, practically) the report fails.

At the close of the commission report, Ollier appends that under this bandage, upon wound surfaces of excellent appearance, vibrios and bacteria were found. He also sees the great utility of the bandage, tried by himself in different ways, from the fact that it is only seldom changed. He makes the observation that, during the act of binding, and also in cleaning, a widely extended wound surface, an increase in the temperature, of six-tenths of a degree, usually follows, when, in removing pieces of the bandage that stick, granulations are wounded. For this reason, the cotton bandage should be left in place so long as the patient does not complain of pain, and no increase of temperature is observable; if there is any offensive odor, it may be overcome by the exhibition of deodorizing agents. These rules are especially applicable to wounds treated in infected localities. Ollier observed in his ward, during six months, twenty-two times, erysipelas complicate wounds of the head and body (these wounds being dressed in the ordinary manner), whilst

not a single case of erysipelas appeared under the cotton bandage. Moreover, hospital gangrene never developed itself primarily, nor pyæmia, nor took a less acute course. This bandage, then, does not hinder the deposit of germs on the wound surfaces; protects, however, from the advent of other germs with which the hospital air may be impregnated. To shield the granulations more than the ordinary bandage does, from being bruised or torn, by which the absorption of the wound secretions is favored, Ollier places over Guerin's bandage a so-called "water-glass bandage," and thus makes his immoveable occlusive bandage.

We have thus endeavored to place before you the last advances in the science and art of bandaging made by the French surgeons; you are now invited to cross the real as well the ideal channel, and consider for a moment the recent improvements, in this respect, in English surgery.

The method of bandaging adopted by Callender, at St. Bartholomew's Hospital, presents a modification of Lister's method.

The surfaces of wounds, after the bleeding is perfectly arrested, for which, almost exclusively, torsion is used, are washed with a lukewarm solution of carbolic acid (1:20), or with a solution of chloride of zinc (1:30 to 40), and thereupon the borders of the wounds are united with silver sutures, as recommended and introduced by Sims, in his valuable address on "Silver Sutures in Surgery," delivered before the New York Academy of Medicine, at their anniversary, the 18th of November, 1875. During this operation every bruising or mashing of the tissues by the pincette, etc., must be avoided. The wound is next covered with lint dipped in carbolic oil (1:5), upon which a thick layer of cotton follows. The bandage must, above all, exercise no pressure, and from the beginning care must be taken to insure a perfectly free outflow for the wound secretions. The retention of the secretion within the wound is always attended with unfavorable, even serious results. Callender uses for this purpose a silver drainage tube, perforated in many places, like the caoutchouc one of Chassaignac. Callender's is provided with a spring which catches in the wound, and thus prevents its falling out.

Upon torn wounds, and all others that do not heal *per primam*, carbolic oil lint is laid, and over it a layer of cotton. In cleaning wounds that have a secretion of pus, Callender uses,

exclusively, a camel's hair brush. Every patient gets his own brush, that is kept in an ordinary test glass, hung on the wall, and containing a solution of carbolic acid in rectified alcohol (1 : 4). Beyond the strict isolation thus accomplished, the brush has the additional advantage of being a painless and protecting instrument. Every bandage is so applied, at first, that it can be changed without the least derangement or danger of wounding. A thigh amputation stump, for instance, is laid upon a short, well-bolstered splint, covered with gutta-percha, and the end covered loosely with carbolic oil lint, but so that none of it comes to lie under the stump, because, otherwise, on removing the lint, the wound would necessarily be disturbed. Upon this follows a second, three times folded, well-oiled piece of lint. By a few turns of an ordinary roller bandage the stump is fixed upon the splint, care being taken to avoid every pressure. Now a thick layer of cotton is spread over the end and side surfaces of the stump, and the whole fastened in its position by a second roller bandage. If the bandage is to be removed, which should be done at the end of twenty-four, at the longest forty-eight hours, the outer bandage turns are cut first, and thrown back to be used again, after the manner of Sculpey's bandage. The layer of cotton that has received the secretion of the wound is removed. The inner bandage is divided in the front middle line and thrown back, exactly like the first. Finally, the oiled lint is taken off the wound, which is freely exposed to the open air, and, when necessary, cleansed with the camel's hair brush. (No spray.) The dressings, with the exception of the two roller bandages, the divided ends of the latter, are reunited with sticking plaster. The splint is removed after three or four days.

The results that have followed this method, which in no way obeys the strict rules of Lister's school, can be gleaned from the accompanying table. From July, 1869, to July, 1874, forty-four amputations, with only one death, were performed at St. Bartholomew's Hospital, partly by Paget, partly by Callender, viz.: twenty amputations of the thigh, with death in one case; sixteen amputations of the lower leg, two of the upper arm, and six of the forearm, without a case of death. In the period of time from May, 1871, to July, 1874, forty cases of complicated fracture were treated, with likewise only one death.

It would certainly be an error to believe that these very brilliant results were entirely and solely *sensu stricto* due to the method of bandaging. Without doubt, are the attention with which the patients are observed before the operation, the studious preparation for the same, the care that is bestowed upon a judicious position for the wounded limb, the protecting psychical surroundings and good bodily treatment which are there given to patients, and the thousand other advantages which are lavished with open hand upon the inmates of the very richly endowed hospital, of no ordinary significance. We would recommend, on account of the multiplicity of valuable information scattered here and there throughout the work, a reference to the original volume, St. Bartholomew's Hospital Reports, ix, p. 1, 1873, in which will also be found "Two Years' Hospital Practice," by George Callender.

Anything more different from the French method in theory and practice (with the one exception, that in both cotton is used) it would be difficult to find. The French surgeons recommend compression by the bandage; the English surgeons are emphatic, that there shall be no pressure. The commission of the Académie des Sciences consider the worth of their method to lie herein, that the bandages are seldom changed. The St. Bartholomew authorities, on the other hand, claim that their bandage should not remain, at most, longer than forty-eight hours. Guerin and Gosselin believe exposure of wound surfaces to the atmospheric air to be deleterious, while Callender and Paget expose their wounds to such influences. As to the results obtained, it must be admitted that the English present, thus far, much the most favorable record.

(To be Continued.)

CASE OF INTUSSUSCEPTION.

BY S. S. EBERHART, M. D.,

Of Apple Creek, O.

Invaginitis is no doubt a rare disease, but, undoubtedly, not so rare as the profession may deem it, for no doubt often cases fail to be detected before death claims its victim. Or, as in the following case, the symptoms may be so obscure as never to direct the attention of the doctor in that direction. Had this case died before passing per anum the invaginated intestine, the case would have, indeed, been an obscure one, and the "doctors muddled."

On the seventh day of February last I was called to see Mrs. S., aged thirty-four, married, the mother of three children, the oldest seventeen, youngest twelve years of age; very plethoric, weighing over two hundred pounds; sanguine, lymphatic temperament. Living on a farm, and doing the work of a farmer's wife generally. Always enjoyed good health, except attacks of neuralgia of the stomach, of which she has not had any for the last three years. Menstruates regularly. Has always enjoyed life, and is of a very jovial disposition.

She complains this morning of acute pain in her stomach; remains there for a short time, leaves and goes to her head, so alternating all the time for the past two days. Diarrhoea every afternoon. No pain on pressure over stomach. Headache, frontal; whites of eyes yellow; appetite much impaired; pulse 80 and feeble; respiration normal. Diagnosed neuralgia from indigestion, caused by an impaired portal circulation. Gave her a cathartic of pills, to be followed in the morning by quinine and morphia combined, every two hours. Also a mustard plaster to be applied over the stomach.

February 10. The patient feels somewhat debilitated, from effect of physic. She has suffered much from itching produced by morphine, so much so that it required one to rub her all the while with a clothes brush. No pain in the head at all; but has become seated in the stomach. Pulse and respirations the same as on the seventh. Gave her five-grain doses of quinine every three hours, and chloral to relieve pain and produce sleep. She remains the same up to March first. During this interval numerous trials of remedies were made. Opium in any form she could not tolerate, quinine would soon produce cinchonism.

March 1. This morning she complains of numbness of the lower portion of left limb, and pain in ankle-joint, also a sharp darting pain in the great toe of right foot. Pressure along the course of nerves of the left leg gave her much pain, and at spots exceedingly tender. I also found marked tenderness over the intercostal spaces of the seventh, eighth, and ninth nerves. Spine not affected. Appetite entirely gone, and bowels inclined to be costive. Thirst considerable. Put a small fly-blister over region of pain in left side. Chloroform liniment and ammonia liniment, equal parts combined, to be used on the affected limb. Gave internally iron,

quinine and arsenic combined, and chloral to produce sleep. Allowed her to take small pieces of ice to allay thirst. Pulse and respiration the same.

March 4. Dr. Martin met me to-day in consultation. Found the patient in the same condition, except some spinal trouble. Tenderness over the seventh, eighth, and ninth dorsal vertebrae, also in cervical and lumbar regions. Pulse 85, feeble; temperature, 100° Fahr. No pain in head, appetite good, thirst still excessive. Pain in stomach and limb the same, great toe better; confirmed diagnosis I had made. Gave iron, quinine, strychnine, and arsenic, combined; chloral to relieve pain and produce sleep. Applied small blisters over tender places of the spine, also proposed to insulate her bed, which I did twice daily.

March 7. Dr. Martin and I saw the case again. She has been resting better; bowels moved naturally for the last four days. Pain now has left her stomach entirely, and become seated in the left iliac region; pain in the limb almost subsided; no pain in great toe. Pulse, temperature, and respiration remain the same from the first. I would just state that her diet has always been generous and of easy digestion.

March 9. Found her sleeping; pulse 100 and feeble, respirations 18, and easy; she looks as though she never had been sick. On awaking her, she expresses herself as feeling very well. Has had no pain since the evening before; has slept well since midnight, without chloral, the first natural sleep she has had since sick. Thinks that her time has come to get well. She had great pain in her bowels the evening before, but has felt quite comfortable since they have been moved. No tenderness over abdomen, no disposition to drink. Gave her tonic doses of quinine and chloral, if needed, and was about to take my departure, when the husband requested me to come and see the stool she had passed the evening before. I went, and on examination I found it to contain a piece of intestine, eighteen inches in length. I told them of the probable result, that death would follow. Enjoined strict quietude and small doses of chloral to keep her at rest. The only thing that I might mistake for intestine would be a diphtheritic cast of the bowels thrown off, but in either case the treatment would be the same, and quite likely, also, the same result. Prognosis at this time extremely unfavorable.

March 10. Professor L. Firestone and Dr. Martin met me in consultation. Found the patient in a comfortable state, cheerful, free of pain, and talked with more strength, apparently, than at any time during her sickness. On examination of the specimen, it was found to be a small intestine, and all agreed from the lower portion of the ilium. Prognosis unfavorable. From the time she first took sick to the passage of the intestine, there elapsed thirty days. At no time during her illness did her bowels remain at rest over three days; moved spontaneously, or by physic. No vomiting, and seemingly no inflammatory action whatever, had occurred. With a pulse at no time exceeding 110, and temperature 101° Fahr., it seemed very strange to us that such an extensive inflammation could occur undetected. We could think of nothing but an incipient case of neuralgia, and all our remedies were directed in that direction. From the 10th of March, up to April 3d, no outward symptoms occurred. The patient had rallied to a great degree, could sit up, and even walk about the room with a little help; all she complained of was weakness, a sort of general debility of the bowels, and want of appetite. When any excess of liquid was taken she would vomit without much effort. Sometimes slight neuralgic pains in her bowels, with still a little tenderness on pressure in left iliac region. Subnitrate of bismuth gave her more ease than anything we could give her, and generally, after taking a small dose, she would sleep as though a full opiate had been given. Her stomach would no longer tolerate chloral. A solution of carbolic acid applied to her bowels gave her much relief from pain. She has a longing for cabbage, grapes, canned peaches, and tartish fruits generally. Beef tea had been her support, but she refuses to take it now, and says it will make her vomit. A bread bandage, applied firmly around her abdomen, supported her bowels very well. Being so heavy, it exhausted her very much to change her position in bed. Instead of beef tea, I gave her egg-nog, with excess of the egg in it, but a day or two was as long as she could tolerate it. It was indeed a heavy task for her to take what she should take, either in the way of support or medicine.

April 3. Excessive pain this morning in the bowels. No passage for forty-eight hours. Stercoraceous vomiting fully set in. She says that about five minutes before vomiting sets in

she feels a ball, apparently the size of a fist, commencing at the lower portion of her bowels and gradually ascending until she vomits it. The matter vomited is fluid, yellow, and intimately mixed with bile of a very offensive odor, and of a sour-bitter taste.

April 5. Professor Firestone sees the case again. Patient the same. As soon as the contents of the bowels are emptied by vomiting she feels comfortable, but much debilitated. We conclude that there is a stricture at the junction of union of the intestine. Nothing can be done but to palliate and await the results of nature. Should the powers of life not give way, the stricture might be removed by absorption, but her chances for life are indeed slim.

April 13. Has continued to vomit every other day for the last week, and no motion from the bowels. Ordered a physic to be taken this evening, and followed by another in the morning if the first failed to operate.

April 14. Had a very fine motion of the bowels this morning. Patient feels much better; does not feel like vomiting; very little pain in bowels. Takes a little whisky occasionally, but has no desire for food. After this, when she inclined to vomit, we would give her a cathartic, and so long as we could keep the bowels open she was free from emesis. About every second day she would take pills, and these acted so well with her that she grew in strength, her appetite became partially restored, and everything seemed to point to a final recovery. On the first day of May she took a visit in a buggy to a neighbor, one mile distant. In less than a week she visited me, distance three and a half miles. She looked well, and says she feels very well, except the vomiting, which will come on if her bowels fail to move. When she sits or walks she is much inclined forward, to relax the abdominal wall. She spent most of her time in going short distances to her neighbors, since her first visit. Gradually, however, after the latter part of June, her bowels became more and more rebellious; constipation fully set in, vomiting becoming excessive, and the powers of life fast declining; and, on the 13th day of July, she died, having vomited almost incessantly for the last twenty-four hours.

Autopsy.—Twenty-four hours after death, Dr. Martin and I met to perform the post-mortem. Owing to lateness of the hour, we could not enter into the details as minutely as we might

desire, and were compelled to be content with the examination of the abdominal viscera. Rigor mortis not well marked. Abdominal wall heavily loaded with adipose. On reaching the abdominal cavity, we found it to contain an immense quantity of dark fluid intimately mixed with pus, and broken-down tissues. The omentum lay coiled upon itself from before, backward, and firmly united. Peritoneum in a complete state of ulceration over the whole surface, and could be detached from the intestines by the slightest effort with the finger. The intestines were almost inseparably connected by inflammatory action, so that they would not move upon themselves, but lay like a united mass. Bladder, uterus, and kidneys normal and in a healthy condition. We now examine the left iliac region, where we expect to find the seat of trouble. With difficulty we dissect up the intestine, but no trace can be found of the spot of invaginitis. We come to the coiled omentum of which we spoke, and in our endeavor to uncoil it by dissection we find the intestine running through the coil. On rupture of it here, we find that two ends are firmly united to it, and at a distance of six inches apart, the fold of the omentum forming a perfect channel, compensating for the six inches of the missing intestine. In this channel we found the same material that was found in other portions of the bowels. Intussusception had here taken place, at the distance of two feet from the stomach. Why the omentum should play this part of the drama we were and are still unable to account for, unless it was the primary cause. Perhaps in it became entangled the portion of intestine which sloughed and passed off per anum, and perhaps not. At the lower opening of the intestine there was a partial stricture, which would barely admit the introduction of the little finger. The walls of the intestines were very fragile, and would give way on the slightest effort. The liver was greatly enlarged, but uniform. Edges rounded; surface smooth and glossy; of a very fragile consistency; upon the slightest pressure the finger would penetrate the organ; dry and bloodless, of a yellow clay color. We consider it a case of amyloid degeneration. The omentum of which we spoke was hard and nodulated, and on section its appearance resembled exactly that of the liver. The intestines were filled with the same substance vomited.

From the time she first took sick until her

death, there elapsed one hundred and fifteen days. At no time delirious, and always able to express her wants and locate her pains.

HOSPITAL REPORTS.

UNIVERSITY HOSPITAL.

SERVICE OF PROF. H. C. WOOD, M.D.

REPORTED BY WILLIAM L. TAYLOR.

Caries of the Vertebrae.

The case which I have to show you, gentlemen, is one of great interest in a diagnostic point of view.

This man came under my notice about one week ago, complaining of paralysis of the right arm and leg. We are accustomed to associate hemiplegia with diseases of the brain, and consequently our patient was believed to be suffering from brain disease. In looking at the man, you will notice that there is no drawing of the face. It is a hemiplegia which affects only the arm and leg of the right side. On examining further, I find that, whilst motion is paralyzed on the right side, sensation is affected on the left side. If you will recall your anatomy, you will remember that when the sensory nerve-roots enter into the spinal cord they pass into the gray matter, and immediately cross to the other side. The motor fibres pass up the cord in the side at which they enter, and do not decussate until they enter the medulla oblongata.

On inquiring into the man's history, I found no failure of memory, or other symptoms of cerebral disease, except the hemiplegia, paralysis and headache. I found these headaches had lasted from childhood, coming on at irregular intervals. In the paroxysm, the pain grows greater and greater, until it seems that the agony cannot be borne, and then nausea and vomiting follow, with subsidence of pain. These headaches are evidently migraine, and are of mere chance occurrence in the case. During my questions, the man said voluntarily that he could not stand the slightest jar, because it caused frightful pain in the neck. Whenever you have a patient coming to you saying, "When I make a false step, it causes agony in the back," always remember that the probability is that there is, somewhere in the spinal cord of that patient, commencing caries. Then I asked him to let me drop atropia in his eyes. When I wanted our patient to put the head back so that I could drop atropia into his eyes, the attempt caused frightful pain in the back of the neck, and the diagnosis seems to me plain. The facts that the circulation and the respiration are not affected, that in the facial region there is no paralysis of motion, sensation, or special sense, that the anesthesia is on one side of the body and the partial loss of motion on the other, show almost positively that the case cannot be one of cerebral disease, for the decussation of

the motor nerves is in the medulla; then it is scarcely possible that a progressive disease of this small organ should implicate motion and sensation without causing other symptoms. Not only is there proof that the patient has no cerebral lesion, but there is also good evidence of vertebral disease, consisting of the inability to throw back the head, excessive pain caused by a jar, tenderness upon deep pressure over the third cervical vertebra, and other facts to be noted directly. The man suffers from some pain in the right supra-scapular fossa, shooting across the shoulder to some extent, and radiating up to the neck, where it seems to have a second centre, and sometimes passing up over the head. Cough or jar increases it. I have noticed that the peculiar jar made by coughing increases the pain of the spinal caries very remarkably. In a case I saw yesterday, the great complaint was that the woman had an habitual cough, and that caused her agony. So this man tells you that the cough hurts him more than the jar in the street car. To confirm the diagnosis already reached of vertebral disease, let us apply Rosenthal's test. He takes the two poles of a battery and runs them right along each side of the spinal column, pressing deeply and firmly into the muscles. The electric current passes in a direct line through the vertebrae. There is a certain amount of disagreeable sensation caused everywhere, but when a diseased vertebra is reached a burning pain is produced. This test appears *a priori* to be a good one. But my experience has shown it not to be thoroughly reliable. The other day the response to this test was decided. It gives now, as I touch the part the patient complains of, a burning pain. In speaking further of this case, let us inquire into the cause.

This paralysis came on gradually after typhoid fever, and yet I cannot believe that it was due directly to the typhoid fever, though the latter was very likely its indirect cause. The patient has had syphilis. In this I think is to be found the real cause of the disease. The typhoid fever only aided in provoking the development of the attack by reducing the system. On the whole, therefore, I believe this man to be suffering from an incipient caries of the third or fourth cervical vertebra, and that the disease of the spinal cord is a secondary affection. What is the prognosis? I think the prognosis is pretty good here. This man's condition is very serious, but under proper treatment he has a fair chance of recovery. There was some years since a case, in my ward in the Philadelphia Hospital, in whom both arms were paralyzed, and in whom the head sank down until it seemed to peer out from between the shoulders. The neck was actually shortened, until it seemed to have disappeared. Under treatment, the secondary affection of the cord subsided, and the man became able to go to work. We get this case before there has been any very decided local change, and before the arms have been completely paralyzed, and, therefore, there is more hope of curing it.

Before speaking of the treatment, let me call attention to the condition of the spine in case of spinal affection: We have evidently myelitis; secondary upon the caries, or diseased vertebrae, we may have a gummatus tumor. Here evidently we have secondary myelitis, confined to the right side of the cord chiefly. It is the right side of the arm paralyzed in motion with the right leg, and the motor fibres of the cord do not decussate. It is the left arm and left leg in which sensation is affected. Therefore, we have myelitis of the right side of the cord. At the same time we have a certain amount of trouble upon the other side of the cord, because we have some loss of sensation with the loss of motion in the right arm; there is no doubt some local meningitis in this. The spasms, and especially the fixed severe pain, indicate that the nerve-roots are irritated. And it is almost impossible to conceive that you should have myelitis with disease of the vertebrae without having the membrane involved which lies between the vertebrae, and accordingly we have meningomyelitis.

Shall we treat this disease, or not, primarily, gentlemen? If you have a thorn in the flesh, it will make the flesh sore, no matter what you apply. You must remove the primary disease. If you are unable to remove the primary disease, you may do great good in modifying the secondary disease. We must not forget the nervous disease. We must see that these muscles do not waste under the influence of the secondary palsy. We must do what we can to mitigate the condition of the cord. But, above all, we must relieve the disease of the vertebrae. Fortunately, what we do to relieve the disease of the vertebrae, is what we do to relieve the condition of the membranes. The treatment is threefold. Treat the syphilis with anti-syphilitic remedies; not mercury in its ordinary forms, but iodide of potassium in large doses. I think benefit is to be derived with minute doses of the corrosive sublimate and large doses of the iodide:—

R. Potass. iodid., gr. xv
Hydarg. bichlorid., gr. $\frac{1}{5}$ or $\frac{1}{8}$.

Sig.—Four times a day.

Allow the man to take cod-liver oil and tonics. Remember that syphilis is brought into life in a man by physical weakness. It is a monster kept under foot by physical strength. It is always of primary importance to bring up the strength. Give tonics, bark, bitter tonics to keep up the appetite, nutritive tonics, cod-liver oil, and all the nutritive remedies of this class, iron, etc. The local treatment is often more important than the constitutional, or just as important. The local treatment consists of two things. What is the one great cause of the pain, and what is the reason that the jarring hurts him so? He has a weight upon the column, and the pressure is increased by jarring. We must lift the weight off of the column. This man ought to have made an apparatus to support the head by lifting it up from the

shoulders, having the latter as the fixed point. This is very important, so important that I do not think our patient can be cured without it. Then, again, we must use powerful counter-irritation. The best form of counter-irritation in cases of the spine is the actual cautery, and I propose, with his consent, to use it on him to day. In using the iron, remember that it should be very hot; the hotter the iron, the less the pain. The application should be but momentary, and there is no necessity of giving an anæsthetic. The pain after the operation is more to be dreaded than is the pain of the operation, and it should be combated by morphia given by the mouth, or, better, hypodermically.

PENNSYLVANIA HOSPITAL.

SERVICE OF DR. JAMES H. HUTCHINSON,
DECEMBER 8, 1875.

REPORTED BY G. W. MECASKEY, STUDENT.

The patient before you is a young woman, 24 years of age, who was admitted into the hospital on the fourth day of the present month. She had intermittent fever two years since; but after this had yielded to treatment, remained healthy until about ten days ago. She was then taken with a chill, followed by fever, and when admitted here her condition was as follows: There was decided tympanites, with tenderness in right iliac region. Pain in abdomen and head, with signs of great nervous prostration. A few ill-defined spots, somewhat resembling rose-colored spots, were found on the back. The bowels moved rather freely on the day of admission. The urine was of acid reaction, with a specific gravity of 1.007. There was also epistaxis.

The patient was put to bed, and ordered the following:

R. Quin. sulph., gr.ij
Acid. muriatic. dil., gtt.s x. M.

Sig.—Three times daily.

After listening to the foregoing, you will, probably, at once jump to the conclusion that the patient has typhoid fever, as all these symptoms are present in that disease.

On the evening after the patient's admission, the temperature was 102° F.; but two days after this, it was found to be 100° in the morning, and 101° in the evening. The next day it was 98° in the morning, and 98½° in the evening. This morning the temperature was 97½°. The disease has, therefore, not yet reached its third week. Now, typhoid fever does not run so rapid a course. The temperature rises gradually until it reaches 102, 3, or 4°, according to the severity of the case. If, therefore, you are called early in the disease, and find the temperature above 102°, it is probably not typhoid fever; but if, on the next day, the temperature should be found to be lower, then this fever can certainly be excluded. At the end of the first

week the temperature begins to oscillate, and in the third week begins slowly to fall. We have had here a fall of nearly three degrees in one day in the second week of the disease.

This sudden fall may indicate either a serious complication or convalescence. If the former is the cause, it may either be perforation or intestinal hemorrhage. In either case the temperature will afterwards almost invariably rise.

We have, then, before us a case of simple continued fever. These are the cases of so-called typhoid fever, reported as of short duration, and for which those reporting them have favorite remedies. If I had been a believer in the power of quinia to cut short the disease, and had given it in large doses, I would have attributed the present results to its action. As I only gave it in tonic doses, no such effect can be claimed for it. The cold water treatment has, also, been supposed to have an abortive effect on typhoid fever. I would not have you understand, after what I have said, that I consider remedies useless; but it is impossible to cut short the disease by any treatment of an abortive nature; it will run a certain definite course in spite of all such treatment.

While quinia and cold water are powerless to cut short the disease, they are invaluable remedies in combating the high temperature. I should immerse the patient in a bath a little below 80° Fahr., and allow him to remain in it until his temperature is reduced to the normal. If this does not very readily take place, cold water should be added to the bath until the temperature is reduced to 70°. After he is taken out he should be carefully dried and placed in bed. This treatment, which has been fully carried out in the German Hospitals, has reduced the mortality of the disease down to two or three per cent. As this cannot be conveniently carried out in this hospital, I should resort to wet sheets or sponging. Quinia in large doses will also reduce the temperature for a time, but it must be repeated in order to keep up its effects.

Do not, in any case, employ purgatives or bleeding, for they can only be productive of harm.

It is of great importance that the diet should be carefully regulated. The principal lesion, as you are aware, is ulceration of the glands of the small intestine; this indicates that the patient should be placed on soft and easily digested food.

I did not employ alcohol in this case, because I did not think it was needed. It is not always necessary to employ stimulants; and where it is not so, moral considerations should prevent their use. But there are many cases where it is essential to give them, and where we would do wrong to withhold them. Where the tongue is coated and brown, and the nervous prostration marked, alcohol, in the amount of eight to twelve ounces in the twenty-four hours, may be given.

Simple continued fever is the result of simple irritation; whereas, typhoid fever is caused by

a specific poison, produced, we are led to believe, by sewer emanations. The poison may be conveyed either through air or by water. An illustration of the latter method of communication was recently observed in London. An epidemic of typhoid fever occurred, which was noticed to follow the course of a certain milkman. Upon investigation, it was found that a case of typhoid fever had occurred in his family, and that the excreta had been thrown upon an ash heap near the well, into which they had found their way by gradual soaking through the earth. The supposition was, that the water had been used to dilute the milk, and thus conveyed the poison.

The typhoid fever poison has been supposed to be of an alkaline character, and acids have, therefore, been recommended, to neutralize it. Though not endorsing the above theory, I have long employed the acids upon other principles.

Although this is not a case of typhoid fever, we will continue the treatment instituted, as it is equally applicable to simple continued fever. The temperature is now not only fallen to the normal standard, but below it. This not unfrequently happens in cases where the temperature has been exceedingly high.

There is no diarrhoea or constipation, the bowels acting about as in health. You may, sometimes, be in doubt whether a patient has typhoid fever or not, from the absence of the diarrhoea, as there are undoubted cases without this symptom. A very small dose of castor oil will often decide this, by its greatly increased action over that which is usually observed.

NOTE.—The patient was shown upon the following lecture day, entirely well, and has since been discharged.

MEDICAL SOCIETIES.

NEW YORK NEUROLOGICAL SOCIETY.

Stated meeting, December 6th, 1875. Dr. William A. Hammond, President, in the chair.

The Cause of the Death of Vice-President Wilson.

Dr. W. A. Hammond read a paper on the above-named subject. He said that, first, Mr. Wilson did not die of apoplexy, as was stated by the newspapers, and, secondly, that the seat of the lesion which had proved fatal was the medulla oblongata. Dr. Hammond did not think that death had been due to apoplexy, from the fact that no clot of sufficient size to prove fatal could be discovered, and that the only recent clot was about the size of a pea, and situated in the choroid plexus. The heart presented no sufficiently important lesions to attribute the death to cardiac disease; the same could be said of all the other viscera, thoracic and abdominal. He alluded to the possibility of reflex vaso-motor spasm as being the cause of death, or, in other words, to that mode of death resulting from taking a draught of cold water, which

produces a fatal anaemia in that part of the medulla oblongata that gives origin to the pneumogastic nerve, death having occurred in this instance on taking a glass of bitter water. Dr. Hammond was of the opinion that the fatal lesion had occurred in the medulla oblongata, and in all probability resulted from atherosomatous degeneration of the arteries which supplied the upper part of the spinal cord. The principal facts upon which this diagnosis was based were: first, the well-marked calcareous degeneration of the basilar artery and its branches; secondly, the changes which were found in the stomach, that tended to prove changes in the medulla oblongata. It has been observed that changes occurring in the upper part of the spinal cord resulted in lesions in the stomach, *e. g.*, ecchymotic spots, etc. In Mr. Wilson's case erosions of the gastric mucous membrane were visible.

RHODE ISLAND STATE MEDICAL SOCIETY.

The Medical Society met, according to notice, at Woonsocket, the Providence members going up by a special train. The first business after the meeting was called to order by the President, Dr. Jenckes, was the reading, by the Secretary, Dr. Anthony, of the Censors' report.

The report of the Committee on Hygiene came next in order. Dr. Fisher, the Chairman of that Committee, announced that this report was signed by all the members. We can give only an abstract of the report of the Committee:—

First—Injury to pupils at school is mainly due to deficient ventilation, unequal heating, long confinement to one, often abnormal, position, and mental excitement not necessarily connected with effectual study.

Second—Two short sessions daily are better than a single long one.

Third—In sessions of three hours, at least two recesses should be allowed, one of them to be devoted to light gymnastics.

Fourth—Study at home should not be required of pupils under twelve years of age, nor of older ones except under judicious limitations.

Fifth—The half-time system is desirable in localities where the children are engaged in steady industrial occupations.

After the reading of the report, Dr. Ballou moved that it be laid upon the table until the transaction of other business, which was voted.

A letter was read from the Centennial Medical Commission, asking that the Society appoint delegates to an International Medical Congress, to be held in Philadelphia, in September of the Centennial year. Upon motion of Dr. Snow, the appointment of these delegates was postponed until the June meeting.

Dr. Eldridge, of East Greenwich, read a paper upon an epidemic of scarlet fever which raged in that town during the past year. The

two hundred and thirteen cases were, with one exception, children. Allusion was made to the fact that, as a rule, one attack of this disease protects the system from further contagion. In reply to the proposition that children should be secluded from contact with other children, especially in public schools, Dr. Eldridge said that in his opinion it is better to send the children to school than to keep them at home under the excitement of apprehensions, but they should not be allowed to attend funerals of those who have died of scarlatina, nor needlessly pass the houses of those who are ill.

Dr. Ballou inquired at what period the danger of infection begins and when it closes. Dr. Eldridge replied that, as in small-pox, the early stage is less dangerous than that of convalescence. The danger is, that children will be allowed to go abroad and into schools before they are free from contagious germs.

In reply to a question concerning his method of treatment, Dr. Eldridge said that he used disinfectants, as carbolic acid, chlorate of potash, and salicylic acid.

Bathing with warm water and vinegar, and rubbing the skin with olive oil or a ham rind, is serviceable to allay the itching. Liquorice, added to quinine, where that is used, makes the latter more palatable.

The disinfectants applied to the throat in the form of spray by an atomizer lessen inflammation. All these disinfectants are destructive to the poisonous germs which are supposed to be present. The doctor was asked why he did not use cold instead of warm water, and replied that the shock is less if tepid water is applied.

Another member had found cold water especially grateful to the patient, and tending to protect the system from atmospheric changes.

Dr. Ballou spoke of the importance of this question, and of the change in the treatment of this disease since his remembrance. His first case was in 1832, and the disease was then so little known in this section that he and the other physicians whom he consulted were in doubt as to the nature of the disease. He had seventy cases in 1832, and lost but three. He believed the disease to have changed its nature somewhat in later days. The heroic treatment adopted by one physician was not productive of good results, and it was found unwise to continue the blistering of the fauces, cathar-

ticizing, and other severe remedies. He found bleeding beneficial in some of these earlier cases, but would not venture upon that treatment now. He would hardly be willing to omit tincture of iron from his practice, but would not advise large doses. He had never subscribed to the theory that scarlatina is disseminated by contact. He thought it as much atmospheric as contagious. It is undoubtedly contagious, but in a less degree than is generally believed. He had used croton oil where there was congestion of the brain, without inducing debility, and with benefit.

Dr. Clapp gave some reminiscences of his experience with scarlet fever in Northampton and vicinity many years ago. He had no doubt of the contagious nature of scarlet fever. It is epidemic, endemic and sporadic. He thought that in this disease too much is often done. He approved of cold bathing. He had found benefit from sulphite of soda, put dry upon the tongue. The disease is not so mortal as when it first appeared. He approved of crystals of iodine placed in saucers in different parts of the room. Anodynes he had always found harmful, even Dover's powders. He applied salt rubbed into lard to the throat. It is better to keep the child from exposure four weeks than three, even when the case is a mild one. Digitalis, combined with quinine and iron, is indicated in cases where dropsy supervenes.

Dr. Snow called up the subject of School Hygiene, and urged the passage of the resolutions presented early in the day. He read the first resolution, and moved an amendment by inserting the words "while in the schoolroom." The amendment was carried and the resolution was adopted, as was also the second, third, fourth, and fifth.

Dr. Snow offered the following resolution in addition:—

Resolved, That among the most prominent causes of ill-health among pupils while attending school, we must recognize the following:—Attending balls and parties, sitting up late at nights, eating improper food, drinking tea and coffee, and especially reading works of fiction.

The President announced the appointment of Dr. E. M. Snow as Vice President, in the place of Dr. Pierce.

It was voted to hold the next meeting of the society in Providence, after which the meeting was adjourned.

EDITORIAL DEPARTMENT.

PERISCOPE.

Hemorrhage after Tooth Extraction.

We abridge a case of this lately occurring in St. Thomas' Hospital, London:—

A man, 33 years old, had a tooth extracted

August 10th, and the hemorrhage continued. The clots were removed from the mouth, and the bleeding surface discovered, which appeared to be the whole of the tooth cavity and the surrounding gum. Plugs of lint were used, steeped in a strong solution of perchloride of iron, and the teeth pressed firmly together with a bandage

beneath the jaw. This stopped the bleeding for several hours, but on account of the reappearance of hemorrhage, the solid perchloride of iron was used, and with better effect. The latter, however, caused much irritation and swelling of the face.

August 13th. Feels very weak; lost about half a pint of blood during the day. Patient takes a fair quantity of milk.

14th. Bleeding very profuse; no good results from graduated pad and solid perchloride of iron. As the man was becoming very weak, the application of the hot iron was decided upon. This was done under the influence of ether.

15th. Hemorrhage ceased for twenty hours, but at the end of that time it reappeared.

17th. Actual cautery used, which stopped the bleeding for eighteen hours.

18th. Bleeding profusely at 2 p. m.; cavity firmly plugged with cotton-wool saturated with solution of iron; subcutaneous injection of one grain of ergotin every day.

20th. No improvement in patient; blood can be seen to well up from the tooth cavity; face much swollen; occasional attacks of delirium.

21st. Cavity plugged with gutta-percha, and afterward with plaster of Paris, neither of which succeeded in stopping the bleeding.

23d. Patient has been losing about a pint of blood daily for the last three days. Has become very exhausted and pallid; speaks of noises in his ears and bright objects before his eyes. Ten grains of gallic acid given internally every two hours, and a subcutaneous injection of morphia at noon and midnight.

24th. Less bleeding to-day. Takes a fair amount of nourishment.

25th. Bled about five ounces this morning. Plugged with cotton-wool and strong solution of perchloride of iron.

27th. No bleeding for forty hours. Patient feels a little stronger, but has a very anaemic and peaked appearance.

September 1st. Commenced solid food.

2d. Up for the first time since illness.

5th. Left the hospital.

Remarks.—Cases of prolonged hemorrhage after extraction of teeth are sufficiently uncommon to make them of interest; and when the bleeding continues, as it did in this case, over so long a period (fifteen days), notwithstanding very active means being employed, the case then becomes alarming, both to patient and surgeon. It is worthy of notice that, in the present instance, the blood appeared normal in its coagulating powers, and, therefore, unlike many of the recorded cases of hemorrhagic diathesis, where the thinness and non-coagulability of the blood point to an alteration in its physical and chemical characters. Here it coagulated firmly and quickly. Throughout the case the pulse and temperature remained at their normal standard. Thirst was a marked symptom. It was found that the actual cautery arrested hemorrhage for some hours; but, on account of its bringing away incinerated tissue,

the results of its use were inferior to firm plugging with the strong solution of the perchloride of iron.

Re-positioning the Child in the Vomiting of Pregnancy.

The following case illustrates what seems to us a very noteworthy suggestion of Dr. E. Copeman. We quote from the *British Medical Journal*:

A lady, five months gone in her second pregnancy, caught a cold, had a chill, and was attacked with severe frontal neuralgia; at the same time, she became unable to retain her food, and for several days vomited everything she took. She is of a delicate, excitable habit, and had for some weeks previously been taking a great deal of exercise, rowing, etc. Latterly, she had been feeling her dress rather tight, but had not hitherto let it out, and remarked to me that no one would have known she was pregnant from her appearance. For her attack of neuralgia, she had taken aperients and quinine, which latter did not, as she said, agree with her; and she had had local applications over the brow, of belladonna, aconite, and chloroform, none of which had relieved her. Hypodermic injection of morphia had been suggested, and, from the severity of the pain, I thought it very proper treatment in default of other remedies. I found the neuralgic pain intolerable, the left eye watering, and she was unable to bear even the pressure of the pillow upon the part. No local application appeared to relieve her. The constant vomiting after food (not a necessary result of neuralgia), coupled with what she described as a "riotous motion of the child," led me to think the whole case might have a uterine origin. Perhaps the child was dying; but, on examination, I heard the foetal heart distinctly, and could mark out the position of the placenta by the peculiar *bruit*. I then examined *per vaginam*, and found the head low down in front, and the os uteri corresponding with the promontory of the sacrum; the pelvis was capacious; and it seemed to me that the uterus was anteverted, so as to allow the head to be felt below the level of the os uteri. The os was slightly patent, but there was no discharge, and no particular feeling of bearing down, only a frequent desire to pass urine. By gentle continued pressure, I raised the protruding portion of the uterus with the head of the child out of the lower pelvis, and restored the os uteri to a more natural position; after which, I was bold enough to prognosticate that no further vomiting would occur. Some hours afterward, I had a message to say that no further sickness had occurred, but that the pain in the brow was as bad as ever. On my visit the next morning, I found there had been no return of vomiting, that she had slept well during the night, and there was no pain, "only a feeling of having been bruised," as she expressed it, in the forehead. She had taken no medicine, neither had she used any local appli-

cation, except warm water, since my visit the day before. She had taken simple nourishment and a little champagne to relieve the faintness which the excessive pain had occasioned. On visiting her the next morning, I found she had slept soundly all night, had neither sickness nor pain, had taken nourishment, partridge, etc., without any feeling even of nausea, and really appeared well, with a good pulse, healthy skin, clean tongue, and cheerful, happy expression of countenance. After one day's interval, I have seen this patient again to-day, and found her in every respect perfectly well, and contemplating a journey into Scotland in the middle of next week.

Treatment of Pericardial Effusion.

Dr. J. W. Martin reports in the *Medical Press and Circular* the case of a girl, aged twenty, who presented herself November 22d:—

As she complained of soreness in the epigastric region, I closely examined the state of the heart. There was decided tenderness to the touch over the region of the heart, and pain felt on making steady pressure upward under the ribs. Area of dullness greatly enlarged, measuring four and a half inches downward from the lower border of the third rib on the left side, and six inches in the lateral direction from midsternum over to the left to a point about two and a half inches outside a line drawn vertically through the left nipple. Heart's impulse could not be felt—the first sound very faint and indistinct at the apex, the second also indistinct over the base. A soft murmur audible over the whole region of the heart synchronous with the systole, its maximum intensity being at a point midsternum, on a level with the articulation of the third rib; this murmur was not prolonged into the aorta or carotids; its general character seemed to be that of a friction murmur. Lungs healthy.

As treatment, a blister was applied over the heart for eight hours, and the following mixture prescribed:—

R. Potass. Iodidi,	gr. lxiv
Tr. aconiti,	3iss
Syrupi,	3j
Aqua ad.,	3viiij. M.

Two tablespoonfuls to be taken three times a day.

November 27th. Blister acted well. In every way felt much improved. Area of cardiac dullness diminished, measuring three by three inches. Heart's action strong, both sounds perfectly distinct, rhythm regular. The first sound accompanied by the soft friction murmur previously described in connection with the systole, this murmur being now more distinct. The heart's impulse felt strongly on placing the hand over the apex. Pulse 88; tongue clean; bowels confined; respiration easy. Dyspnoea, headaches, and palpitation gone. Capable of increasing exertion; can walk against an in-

cline without any sense of distress. Treatment continued.

December 4th. Friction murmur still heard, but all soreness and other discomfort gone. She expressed herself as feeling quite strong again. Able to resume work.

July 21st, 1875. The improvement in this case has, so far, proved permanent. She has remained steadily at her work without any return of her former unpleasant symptoms.

The gravity of the symptoms, and the success attending their treatment in the foregoing case, are worthy of note. The probabilities of the case all point to the existence of pericardiac effusion. The faintness of the first sound, the loss of impulse, and the subsequent disappearance of the dullness under treatment, seem to negative the possibility of hypertrophy.

The Method of Bi-polar or Bi-manual Version.

This method of version is particularly applicable in narrowed pelvis, and premature birth. It was described by Dr. Hicks, in Vol. v of the London *Obstetrical Transactions*. Its importance induces us to give its details:—

We will suppose a case where everything is normal; the os uteri dilated to admit one or two fingers, membranes perfect, and the face directed toward the right side. The patient may be placed in the ordinary obstetric position.

Having lubricated my left hand, I introduce it as far into the vagina as is necessary, in order to reach a finger's length within the cervix. Sometimes it requires the whole hand, sometimes three or four fingers will be sufficient in the vagina. Having clearly made out the head and its direction, whether on one side or other of the os uteri, I place my right hand on the abdomen of the patient toward the fundus. I then endeavor to make out the breech, which is seldom a difficult matter.

The external hand then presses gently but firmly the breech of the right side; as it recedes so the hand follows it, either by gentle palpation or by a kind of gliding movement over the integuments, while at the same time the other hand pushes up the head in the opposite direction, so as to raise it above the brim.

It may here be mentioned that when the head has descended a considerable distance into the pelvic cavity, or more than half way through the os uteri, it is scarcely possible to lift it above the brim, especially if the uterus be active.

When the breech has arrived at about the transverse diameter of the uterus, the head will have cleared the brim, and the shoulder will be opposite the os, that is, pushed on in like manner as the head, and after a little further depression of the breech from the outside, the knee touches the finger, and can be hooked down by it. It very frequently happens, when the membranes are perfect, that as soon as the shoulder is felt, the breech and foot come to the os in a moment, in consequence of the tendency of the uterus to bring the long axis of the child coincident with

that of its own. Should it, therefore, be difficult to hook down the knee, depress the breech still more, and it will be almost always the case that the foot will be at hand.

It will sometimes render turning more easy if, as soon as the head is above the brim, we pass the outside hand beneath it, and push it up from the outside alternately with the depression of the breech. All this can generally be performed in much less time than I have taken to describe it, although in some it requires gentle, firm, and steady perseverance, with such a supply of patience as is always demanded in obstetrical operations.

If the os will only admit of one finger, and the foot cannot be brought through in consequence, it can yet be retained at the os by pressing it with that finger against the inner surface of the os, the most convenient part being against the interior parts, because the pubes will assist in supporting the pressure, while at the same time, in most persons, unless very stout, the hand pressing externally above the pubes, is capable of assisting us materially in retaining the leg in that position, and securing the allied change, ready for us to take advantage of it, should the case so require it, as soon as the os dilates sufficiently, and the mere retention of the leg here is of considerable value, for, as I dare say others can bear me out, in cases of turning, even when we cannot effect turning immediately after having seized one of the limbs, yet the holding on to that part, and newly fixing it, ultimately produces such an improved relationship between the uterus and its contents that the after-operations succeed more easily. This is, doubtless, partly by the action of the uterus, and partly by a gentle and insensible traction on the part at the same time.

Should the child face toward the left side, the only difference required in operating is, that the breech be pressed toward the left side, and the head to the right.

On the Electrolytic Dispersion of Tumors.

Dr. Julius Althaus, Physician to the London Infirmary for Epilepsy and Paralysis, writes to the *Medical Press and Circular*:-

There are now so many and effective modes of treating the various forms of morbid growths which are met with in practice, that it would hardly be allowable to add another means to those already at the disposal of the surgeon, unless it could be shown that it possessed peculiar advantages of its own, over other methods in use for the destruction of these growths, or that it was applicable to such forms of tumors as were otherwise unmanageable or rebellious to treatment. I would recommend the electrolytic treatment for nævus, sebaceous tumors, bronchocele, recurrent fibroid, and secondary cancer.

With regard to nævus, it may be said that electrolysis has the following advantages: Over excision, that of being entirely bloodless; over the injection of perchloride of iron, that it is

not dangerous to life; over cauterization by nitric acid, that it can be better localized, and acts more thoroughly; over the subcutaneous ligature, that once the operation is performed no further suffering is caused to the child, or trouble to the medical attendant; and over the galvanic cauterity, that it does not leave a scar. It is rapidly successful in the flat round tumors of the size of a shilling, which are only slightly raised above the skin; but acts less quickly in extensive port-wine marks. Where nævus assumes the form of large fleshy masses, or lumps the treatment is more tedious, and unless the patient perseveres, not so satisfactory in its results.

An ordinary round flat nævus generally yields to a single electrolytic application, while in large port-wine marks as many as half a dozen applications may be required. The current should be directed to the tumor by means of fixed rows of gold needles connected with both poles of from ten to fifteen cells of Becker-Muirhead's battery. There is no pain or discomfort after the operation; no dressing is required, because there is no discharge. The scab remains dry, and peels off in ten or fourteen days, leaving a healthy surface, which gradually assumes the appearance of the surrounding skin.

Morphia in Neuralgia.

Mr. Spencer Thompson writes to the *Lancet* on the subject of neuralgia:-

Even phosphorus, we know, will, after a time, lose its power in some obstinate cases of neuralgia, at all events its power of giving rapid relief; and then it is that the invaluable hypodermic administration of morphia comes to our aid. This remedy, and its mode of administration, are too well known to require comment here; but it is far from being as generally employed as it ought to be. This, perhaps, is due to various causes, but of these I believe the principal are, the means of administration not being always readily available, and the objection of patients to the pain consequent upon the use of coarsely constructed instruments. The first of these objections I have endeavored to meet by the use of a very portable hypodermic apparatus, enclosed in a metallic case, with ample supply of needles, and the great desideratum, an always moist and efficient piston; and by always carrying a supply of gelatine discs. The second objection is met by the use of very fine steel needles only. The discs, which contain one sixth of morphia in each, are a very safe and efficient dose for most cases, although in some it may be well to begin with a less amount, and in many it may be advisable to increase the dose considerably, half a grain, or even double that amount. I may here give it as the result of a very large experience in the hypodermic administration of morphia, that concentrated solutions are the reverse of advantageous. In the first place, they are not so safe as the more dilute; and, in the second, they do not act so quickly and agree-

ably. The usual strength I employ is one grain of hydrochlorate of morphia in forty minimis of water, rarely in thirty. The slight increase of bulk is of no consequence, and in administrations I can count by the thousand, I have never seen the slightest bad consequence, in the way of abscess or otherwise, result to the patient.

REVIEWS AND BOOK NOTICES.

BOOK NOTICES.

Medical Society of New Jersey, Transactions of 1875. pp. 252.

This neatly printed volume contains the usual minutes, the president's address, an essay on precision in diagnosis, by Dr. H. R. Baldwin, obituaries, and reports from the district societies in seventeen counties, leaving only one county from which no report was received.

The subjects treated are various and practical. A case of chronic splenitis is given by Dr. Townsend, with an autopsy. An instance of scarlatina carried in the clothing is contributed by Dr. R. M. Bateman. "The Microscope in Gynecology" is a careful paper, by Dr. A. M. Edwards. And there are a number of others, highly meritorious to the writers.

George Washington; or, Life in America One Hundred Years Ago. By John S. C. Abbott. Illustrated. New York, Dodd & Mead, 751 Broadway. pp. 360.

Notes, Explanatory and Practical, upon the International Sunday-school Lessons for the Year 1876. By Rev. Rufus W. Clark, D. D. Dodd & Mead, New York.

These useful publications, published by the energetic firm of Dodd & Mead, will be welcomed by a large class of readers. Few writers have a wider popularity than Mr. Abbott, and the subject of this book should make it one of the greatest favorites from his pen. The title of the second work indicates its valuable character.

The Popular Health Almanac for 1876. Edited by Frederick Hoffman. E. Steiger, publisher, New York city.

This work was prepared at the suggestion of the American Pharmaceutical Association, to take the place of the quack medicine almanacs scattered broadcast over the land. Of course, the attempt has been freely and meanly criti-

cised by the class against whom it is aimed and their hired organs. All the more should the profession and reputable druggists give it wide circulation. It is ably composed, neatly printed, and full of useful information. There are a calendar, an editorial, something about healthy houses, pure water, food, etc., first help in emergencies, a list of the most popular nostrums and their composition, popular works on the subject of health (not a very carefully selected list), and statistical tables. The editor has succeeded very fairly in his first attempt, and it is to be earnestly hoped will be encouraged to repeat it and improve on it. The price to druggists, and others who wish to distribute it, are as follows: from New York, for cash, viz., 250 copies \$10.00 (that is \$4.00 for each 100 copies); 500 copies \$19.00 (that is \$3.80 for each 100 copies); 1000 copies 37.00 (that is \$3.70 for each 100 copies). These rates include the printing of the druggist's business card on the lower half of the front page of cover.

Transactions of the Kansas State Medical Society. 1875. pp. 82.

This record is of the ninth meeting of the State organization. It was held at Topeka, was fairly attended, and the papers presented generally able and pointed. Dr. G. L. Lewis speaks of the effects of compressed air on the system; Dr. J. H. Stuart of infantile diseases, stating that, even in Lawrence, Kansas, 36 per cent. of the whole number of deaths are in children under one year; Dr. W. L. Shenck has a philippic against alcohol; Dr. J. S. Manning discusses chloral; Dr. George L. Haldeman the forceps; a case of encephaloid cancer is described by Dr. C. V. Moltram, etc. The society seems active, and may reasonably look forward to a useful future.

Lectures on Bright's Disease, Delivered at the Royal Infirmary, at Glasgow. By D. Campbell Black, M.D., F.R.C.S., etc. Philadelphia, Lindsay & Blakiston. 1875. pp. 146.

Dr. Black's name is favorably known from several previous works on the practice of medicine, and the present monograph may be regarded as a leading authority on its subject. It embraces six lectures on the symptoms, pathology and treatment of the disease. While not devoted to any one plan of managing the lesion, the author gives a summary of many, and appears to judge of them impartially and correctly.

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115 South Seventh Street,
PHILADELPHIA, PA.

THE "MEDICAL LAW" OF PENNSYLVANIA.

The efforts to provide some check on the irregular practice of medicine in this State, and thereby insure its citizens greater security of life and health, have not met the expectations of the framers of the Act of Assembly, of April 12th, 1875. In our remarks on that act, we spoke of it as merely tentative, one which was but a prelude to a later and more effective law.

The suits which have been brought under it have developed its inefficacy in even a stronger degree than was at first felt. Nowhere has this been shown more clearly than in an opinion of Judge Rowe, before the Grand Jury of Franklin county. His review of the act is very able. His words are:—

"This act, in its first section, declares the standard qualification of a practitioner of medicine.

"Section 2 declares that one in possession of a diploma granted to him, regularly obtained from a chartered medical school, may practice medicine.

"Section 3. That one who has a certificate from a committee of medical examiners appointed by the court, may practice medicine.

"Section 4. That any person who has attended one full course of lectures, and has been a resident practitioner of medicine in this State for five years previous to the 12th day of April, 1875, may pursue such practice.

"And the same section, that any one who has been in the continuous practice of medicine in this State for ten years, may pursue the same.

"The fifth section declares that a transient practitioner shall, before being allowed to practice, appear before the clerk of the court, and furnish satisfactory evidence to such clerk that the provisions of this act have been complied with, and pay \$200, whereupon the clerk shall issue him a certificate of license.

"The sixth section declares that 'any person violating the provisions of this Act shall be deemed guilty of a misdemeanor.'

"Now, what is forbidden by this Act? Nothing. What is commanded? This only, that a transient practitioner shall appear before the clerk and get a license before opening an office.

"Sections 2, 3, and 4 permit the classes therein named to do that, namely, practice medicine, which they and every one else always could lawfully do, without giving them the exclusive right to do so, or forbidding others to do so.

"The Act cannot be violated in its first four sections, apart from its fifth section. The whole bearing of these sections is on the fifth. That section out, the law has only a legal subject and a sanction, without a legal action.

"It is, for example, as if the law were: 'Every one who has held a commission as sheriff, or has exercised the office of sheriff for three years, is qualified and authorized to buy horses; and if any one shall violate this act, he shall be guilty of a misdemeanor.'

"If it be contended that the first section forbids, by implication, any one *not qualified*, as therein stated, from practicing medicine, under penalty of fine, unless he has one or the other of the four evidences of qualifications mentioned in sections two, three and four, it certainly does not forbid to practice those whose qualifications are up to the standard, though they may not have either of the four evidences, and so the court and jury must inquire whether the accused has the standard qualifications. We cannot have a jury of physicians, but we

could have, of course, witnesses of the medical profession. And a common jury would sit to determine, with the aid of the court, as ignorant of medicine as themselves, whether the accused had a comprehensive and practical knowledge of human anatomy, human physiology, pathology, chemistry, *materia medica*, obstetrics, practice of medicine and surgery, and public hygiene, as well as whether he has a good moral character. This is too preposterous; and, in fact, the first section does not forbid anything. The standard of qualifications there set up is for the use and guidance of the examining committee provided for in section three.

"Then the law, apart from the fifth section, simply declares that a class of persons with diplomas, mentioned in section two, and another class with certificates (section three), and two other classes with the evidence of experience (section four), are qualified and authorized to practice medicine [which they could do before], without giving them the exclusive right to do so, or forbidding others to practice.

"What the Legislature meant to do, I suppose, in passing this law, was: *First*. To prescribe a standard of qualifications for practitioners of medicine. *Second*. To ascertain and declare what should be the conclusive, and at the same time the exclusive evidence of the possession of such qualifications. *Third*. To forbid those not so qualified from practicing.

"If this was the design, it was not accomplished, by reason of unskillful draughting, for no exclusive evidence of qualification was prescribed, and no obligation was imposed on those not having such evidence of qualification to abstain from practicing medicine.

"The law is inoperative except upon transient practitioners.

"If it were not so, the manner in which this law is expressed would require the Commonwealth to negative the defendant's possession of any one of the four evidences of qualification—such a proof of negatives as would make conviction in any case very difficult."

A number of prominent medical men, from all parts of the State, have, therefore, drawn up a memorial, setting forth not only Judge Rowe's opinion, but also other weak points in the Act. They state that the law does not define the duties of the medical practitioner, as distinct from those of the druggist. It does not pro-

hibit those engaged in the drug business, who have not the requisite qualifications for the practice of medicine, *from instituting a physical examination upon persons sick or afflicted, or from making inquiry as to the symptoms of disease in persons for whose use they offer and sell drugs*. Hence it allows all druggists to practice medicine. It does not prohibit itinerant doctors and others from calling upon the sick or afflicted at their homes, or elsewhere, with the view of making propositions to cure them, money being paid in advance. Nor does it prohibit another class of itinerant pretenders from selling medicines by false representations in the streets and highways to simple-minded and credulous people.

These points they pray may be met by drawing the Act in more conclusive shape, so as to effect what its real aim was. Every regular practitioner in the State should further their efforts and give his hearty assistance.

NOTES AND COMMENTS.

Centenarians in New York.

A late number of the New York *Tribune* says: The list of centenarians living in the State last June is extracted carefully from the census tables, prepared by Secretary of State Willers, but may possibly yet be subjected to revision. The total number of those 100 years old and upward is 109, a gain of 19 over the census of 1865, when there were 91 centenarians in the State. The natural increase of the population, and possibly a Centennial spirit engendered by the time, may account for this gain, which ought at least to indicate that the race is not degenerating. In an analysis of the table, it will be seen that forty of the one hundred and nine were born in Ireland, six in Canada, two in England, two in the West Indies, one each in Scotland, Spain and at sea, while thirty-five are natives of the United States, and twenty remain unrecorded, either through errors of the enumerators, or possibly because it was too long ago to remember. Twenty-nine of these venerable people live in New York city, twenty-two of these having been born in Ireland, and only two in New York city. The oldest

one mentioned is Sarah Hicks, of Brooklyn, who is 114, while a resident of the same city, Isabella Simpson, and several others, reach 110. Brooklyn, indeed, seems to be much healthier to old people than New York city. There, the oldest one mentioned reaches only the comparatively youthful term of 109. The gentler sex show the greatest degree of longevity, not only counting the very oldest on their side, but numbering twenty-seven more than the ruder and stronger sex. Mitchell Swearingen, of Franklin county, who is 101, has a wife who lacks only four years of the age necessary to secure the record of her name in the list. There are twelve colored persons and two Indians in the list.

Morphia in Acute Uremia.

In his late work on "Diseases of the Respiratory Organs," etc., Professor Loomis states that, as the result of his experience, he holds:—

First.—That morphine can be administered hypodermically to some, if not to all, patients with acute uremia, without endangering life.

Second.—That the almost uniform effect of morphine so administered is, first, to arrest muscular spasms by counteracting the effect of the uremic poison on the nerve-centres; second, to establish profuse diaphoresis; third, to facilitate the action of cathartics and diuretics, especially the diuretic action of digitalis.

Thus morphine administered hypodermically becomes a powerful eliminating agent.

The rules which are to govern its administration are as yet not well defined. My own experience would teach me to give small doses at first, not to exceed ten minims. If convulsions threaten, and a small dose does not arrest the muscular spasms, it may be increased to twenty minims, and the hypodermics may be repeated as often as every two hours. It must be given in sufficient quantities to control convulsions; neither the contraction of the pupils nor the number of the respirations is a reliable guide in its administration.

Treatment of Tapeworm.

Not long since, at the Medical Society of London, Dr. Brunton read a paper "On the Rational Treatment of Common Tapeworm." After stating the varieties met with in that country, and mentioning the anomalous symptoms to which they give rise (their very anomaly, he remarked, affording a clue to the

diagnosis), he stated that the chief points to be observed in the treatment were: a preliminary starvation of twenty-four hours, and the administration of a combination of kamala and male fern, namely, two drachms of kamala to be rubbed up with a little gum-and-water till an emulsion is formed, and then two drachms of oil of male fern to be added, and the whole triturated in a mortar, with a gradual addition of water, till a three-ounce mixture is formed, of which half is to be given at bed-time, and the remainder four hours later. This he had never known to fail. He insisted on the quality of the drugs being good, and spoke of the after-treatment by tonics.

Management of Premature Children.

Dr. Ahlfeld, in the *Archiv für Gynäkologie*, Band viii, says that cases occurring in the practice of others, and in his own, have proved to him that premature infants, ordinarily regarded as non-viable, may, under favorable circumstances and assiduous care, live and thrive. He gives examples in which children born at the twenty-sixth week were preserved alive. Immediately after birth, the child must be wrapped in cotton and placed in a warm bath, so as to impart to it the heat which it is unable to produce in sufficient quantity. The baths, which should be somewhat warmer than usual, must be frequently repeated. Great importance is attached to awakening the child regularly every one or two hours in order to feed it. As long as it does not suck, milk (woman's milk is the best) must be given to it by a teaspoon. With a view to the better development of the lungs and the movement of the thoracic muscles, it should be excited to cry by slight irritation. It is dangerous to bring such children into the open air for several months after birth, as their air-passages are readily affected.

CORRESPONDENCE

Belladonna in Opium Poisoning.

ED. MED. AND SURG. REPORTER:—

Summoned, in haste, on the evening of July 2d, 1875, to see a man in convulsions, I found, on arriving at the hotel where he was stopping, Mr. F. W., an American, about 35 years of age, a druggist, from an adjoining State.

This is the history of the case, as gathered on my way, from the man who called me:—

Suffering for a number of days from exacerbating sciatica, he found an opiate the only

remedy to give even partial relief. Much on his feet during the day, the agony had compelled him to take large doses of morphine, which he thought himself entirely competent to administer.

Having taken two or three grains he had with him, toward night he sent his friend to one of our drug stores for four or five grains more, which, the parties being known, was at once obtained. This was given Mr. F. W., and the messenger passed into an adjoining room, to find him, on his return shortly after, in convulsions, and, to his horror, to learn from the empty package that its entire contents had been taken.

Immediately calling me, we reached his room within half an hour after this last dose had been taken. His convulsions were terrible. The pupils contracted to little more than a pin's point; the breathing peculiar to the last stage of opium poisoning. He was pulseless; the surface cold, and the jaws closed, as in the rigor of death.

No reasonable hope of success presented. He had eaten nothing since early morning, hence his stomach neither indicated tubes, nor could it be reached by diluents.

Active friction was at once instituted, cold applied to the head, and belladonna administered as freely as the set jaws would permit. We were able to force into the system, by absorption, a number of drachms of a strong tincture, and, after a time, to introduce some into the stomach by deglutition.

In about thirty minutes the pulse became perceptible at the wrist; the body began to grow warm, and the pupils to dilate. In an hour the convulsions ceased, and he could swallow unaided. In two hours consciousness was so far restored that he could speak, and the danger was past.

I hardly dare give the quantity of belladonna administered. It was almost incredible. The desperation of the case rendered any means justifiable, hence the result was the only thing considered. The patient fully recovered, although greatly debilitated for many days.

The preparation given was from the following formula:—

R. Ext. bel. al.,	3x
Proof spirit,	Oj.
Mac. 14 days, and filter.	M.

Yours, S. B. CHASE, M.D.
Osage, Iowa, Dec. 23, 1875.

A Remarkable Case of Recovery after Mortification of a Portion of the Bowel and Bladder.

ED. MED. AND SURG. REPORTER:—

The following rare termination of peritoneal inflammation of the bowels came under my observation last week:—

A. D. P., aged 36; married; no offspring; when fourteen years of age came near dying of the above-named disease; but after a protracted convalescence recovered, with a small opening

between the bowel and bladder, the exact point we are unable to designate, probably near the neck, so that gas passes from the bowel into the bladder, and is discharged through the penis, producing a tingling sensation at the extremity of the organ, and a peculiar noise which is audible over the room, frequently obliging him to retreat precipitantly when conversing with strangers, to avoid the inquiries which they might make as to its origin.

After having eaten berries and tomatoes, some of the seeds passed off with the urine per urethra, though there are seasons when he thinks that one-half of his urine passes per rectum. Occasionally he has observed a fecal odor in the urine passing by the urethra, though not anything larger than a tomato seed has been known to escape.

With the exception of this defect, Mr. P. is a healthy man and a hard-working New Hampshire farmer. He consulted me on account of vesical colic, which kept him from his work (he had been engaged in shipping lumber).

After learning the history of the case, I thought it advisable to pass a sound into the bladder, which was done without discovering any concretion, or other cause for the pain, and concluded that it might have been produced by lifting, in his lumber operations. He is in his usual health at this date.

If there is a similar case to this upon record, it has escaped my observations. Possibly the records of military surgery may supply some such case; though in an experience of nearly forty years in the study and practice of medicine and surgery, no such case has attracted my attention.

A. T. CARR, M. D.

Goffstown, Md.

Ingrown Nails.

ED. MED. AND SURG. REPORTER:—

This may seem a light affliction by those who have never experienced it, but let me assure you that there are few, if any, local disorders so annoying or painful as ingrown nails. The great toe is most frequently the seat of this trouble, although it may, and sometimes, though rarely, does take place with any of the nails of either hands or feet.

The treatment generally followed is the removal of the offending portion of the nail. I think, however, that in almost every case a more conservative plan of treatment, as well as a more radical cure, can be practiced.

I have practiced this method, and had it practiced upon myself with very unsatisfactory results. For the last six years I have not failed in the following plan: Do not remove any portion of the nail; let the patient wear a roomy boot; once or twice a week scrape the entire surface of the nail lightly, with a probe or fine knife blade pack a pedgelet of lint or a bit of cork under the corners of the nail, and let the entire nail, corners included, grow out clear of the toe, when it may be trimmed by cutting it

off square. A little patience and perseverance, and a radical cure may be expected.

J. A. KIMMEL, M.D.

Findley, O., January 1st, 1876.

NEWS AND MISCELLANY.

Deaths in Philadelphia During 1875.

From the records in the office of the Registrar of Births, Deaths, etc., it appears that 18,909 persons died in Philadelphia during 1875. The deaths during each month of the year were as follows: January, 1427; February, 1485; March, 1974; April, 1456; May, 1488; June, 1871; July, 1822; August, 2026; September, 1251; October, 1244; November, 1182; December, 1682; total, 18,909. Of the total number, 14,623 were natives of the United States, and 3577 foreign; 1020 were people of color; unknown, 709. 9715 of the whole number were males, and 9194 females; 5365 were boys, and 4855 girls; 8689 were adults, and 10,220 were minors.

The International Medical Congress.

The *British Medical Journal*, December 11th, contains the announcement, "The next International Medical Congress is to be held in Geneva in 1877." We beg to inform our cotemporary that it is to be held in Philadelphia, in September, 1876.

Diploma-Peddling.

The cable brings us the following:—

BERLIN, December 31st.—The North German Gazette says there is reason to believe the Government will shortly take steps to prevent the abuses arising from the sale, in Germany, of American medical diplomas, nearly all of which purport to come from Philadelphia.

Let Mr. Bancroft represent to the Imperial Government that these diplomas do not emanate from any chartered institution in or near this city.

The Health of Rome.

According to official returns published by the Registrar-General, it appears that the annual death-rate in Rome during the six weeks ending 14th November, was equal to 37 per 1000, against 23 in London. The principal feature of the recent Roman returns has been a marked increase in the fatal cases of fever, which, during the six weeks under notice, have numbered no less than 220, equal to an annual death-rate of 7.5 per 1000.

The experiment of planting the *Eucalyptus globulus* in the unhealthy Campagna, with the object of destroying the influence of the miasmatic exhalations from the ground, has been tried for several years, particularly in the locality of the monastery of St. Paul Trois Fontaines,

where a priest named Gildas has had the plants under cultivation. He claims to have noticed already indications of their power to diminish malarial poison.

An Imperial Board of Health.

Has been established in Germany. Its principal object will be to collect reliable statistics in sanitary matters, though there are hints that the new board will be a sort of sanitary court of appeal, to which the distinct administrative boards or provincial governments will have to refer for sanitary advice and decision, so that immediate action would have to be taken after its judgment. The name of Dr. Struck, Prince Bismarck's body physician, has been put forward as the future president of this new board, which is to be placed under the immediate control of the Chancellor. Dr. Struck was a private physician at Frankfort during Prince Bismarck's stay in that city as envoy for the old German Confederation.

Pre-Adamitic Frogs.

The *British Medical Journal* mentions the following singular find:—

At the Shieldmuir pit, near Motherwell, Airdrie, Mr. Wilson, while superintending the driving of a mine through sandstone, was surprised to find from thirty to forty live young frogs issue from the centre of a mass of the stone that had been dislodged. The level in which the frogs were found is three hundred and thirty feet under the surface, and the mass of stone was fully a hundred yards from the pit bottom. No crevice or fissure could be observed in the stone; and all who were present are positive that the frogs came from a cavity in the centre of the block. The frogs, apparently quite fresh after their imprisonment, at once made for a pool of water, in which element they were, of course, quite at home.

Siberian Practice.

Some months ago, we gave a sketch of the hard times of a frontier doctor. But a European cotemporary relates the experience of a Siberian physician, Dr. N., which surpasses our story.

In the course of ten months, Dr. N. traveled, in his professional visits, over 5000 versts (about 3385 miles); the weather being sometimes so cold that the spirits of wine froze in the thermometer. In traveling, he was obliged to carry provisions with him; for it was very often impossible to get any others. The warmest clothing is not always sufficient, and two of Dr. N.'s predecessors died of frost-bite in the lower limbs. At night, Dr. N. was obliged to rest in the *turta*, a kind of hut having the walls and roof covered with dung, which freezes and produces so great a lowering of temperature in the *turta*, that the air within is as cold as that without. Dr. N. has been unable to continue his nomad life, in consequence of the

insufficiency of his pay. Besides attending to numerous patients, Dr. N. has published an excellent description of the medical topography of the country, and has described the pathogeny and symptoms of two endemic diseases.

Items.

—M. Denuee communicates to the Académie de Médecine of Paris a case in which he successfully performed external hysterotomy on a woman, whose life was endangered by excessive hemorrhage, due to old-standing irreducible inversion of the uterus.

—Germany, with a population of 42,000,000, last year graduated six hundred and sixty physicians, rejecting one hundred and eighty applicants. In the same time the United States, with a population of 40,000,000, graduated three thousand physicians, and remorselessly turned them loose upon the community.

—The tallest living man, according to the *Pabellon Medico* of November 21st, is a young man from Alcocer, twenty-six years of age, and 2.80 metres (9 feet 2½ inches) in height, named Augustin Luengo Capilla, who, lately, has been presented to his Majesty the King of Spain.

—In the Foundling Hospital, St. Petersburg where most of the public vaccination is carried on, calf lymph has been used side by side with human lymph for the last five or six years. It is equally protective, and failures in primary operations have, by care and perseverance, been reduced as low as two per cent.

—The eminent French surgeon, lately deceased, Dr. Giraldès, was most remarkable for his erudition. He was deeply versed in the surgical literature of every country, but most especially that of England. The most minute details of the history or modes of operations, the slightest anecdotal particulars relating to the advance of surgery in Great Britain, or to those who promoted its progress, were familiar to him. In all the academies or societies of which he was a member, he rendered invaluable services by his complete and extensive knowledge of foreign surgery, and he invariably formed part of every committee appointed to investigate questions having a foreign connection.

Personal.

—Dr. L. C. Butler, of Essex, President of the Vermont Medical Society, purposed to make a special study of the fevers of the State, more particularly typhoid fever, and the lung diseases, especially consumption, with a view to discovering means for their prevention, as well as treatment. For this purpose he invites the coöperation of the profession of the State in replying to a circular which he will soon issue. The results of this study will be embodied in such form as to be of value and interest to the profession, and to the people generally.

OBITUARY.

DR. J. H. NAU.

At a meeting of the Hocking Valley Medical Association, of Ohio, resolutions were passed in reference to the death of Dr. J. H. Nau, as follows:

It is our sad duty to record the decease of one of our young and active professional brothers, Dr. Jno. H. Nau, of Carroll, Ohio, who died at his residence on the evening of December 6th, 1875, at the early age of 29 years, of endocarditis-pneumonia.

Dr. Nau graduated at the Miami Medical College in the spring of 1872 and at once entered upon the practice of medicine at Carroll, and soon won the respect and confidence of the citizens, not only for his professional attainments, but for his cordial bearing as a gentleman and scholar. In September, 1872, he was married to Miss Alice Brobst, and a son was born to them, who only lived two or three months. About this time his wife's health began to fail, her disease being consumption, which caused her death in May of this year.

Dr. Nau continued in the regular performance of his professional duties up to within two weeks of his death. And during his short sickness he bore himself as a Christian man, and felt that he was destined never more to return to the labors of earth.

DR. SAMUEL BLAIR MARTIN,

Who was probably the oldest member of the medical profession in Baltimore, and surgeon of the Old Defenders' Association, died in the above city on December 13th, aged ninety-one years. Dr. Martin was born in Baltimore, and studied medicine under Dr. William Baker, and afterwards graduated at the University of Pennsylvania in 1806, and shortly after received an appointment as surgeon on the packet ship *Rebecca*, which was then trading between Baltimore and the East Indies. War was prevailing at the time between Germany and England. The *Rebecca* took on a contraband cargo at the Dutch port of Java, and was on the way to Japan, when the vessel was captured by the British man-of-war *Psyche*, and carried to Bombay. After the *Psyche* had visited several ports, the Doctor was taken prisoner to London. He was afterward discharged, and returned to Baltimore, after having been away three years. Before leaving London, however, he was tendered a full surgeon's position in the service of the East India Company, but as war was about to break out between the United States and Great Britain, he returned home, where he filled several prominent positions, including his own profession, but finally retired from active practice. Dr. Martin was the oldest member of Medical and Chirurgical Association at the time of his death.

MARRIAGES.

McGILLYCUDDY—HOYT.—At the Presbyterian Church, Ionia, Michigan, December, 19, by the Rev. J. Pierson, Dr. V. T. McGillycuddy, U. S. Black Hills Expedition, Washington, D. C., and Miss Fanny E. Hoyt, of Ionia.

DEATHS.

STROUD.—At Philadelphia, on the 30 ult., Charlotte W., wife of Dr. William D. Stroud.